



Fax Completed Form to Vending: (510) 664-7209
UC Berkeley Substitute W-9 & Supplier Information Form

Suppliers who do not wish to complete this form in its entirety may elect not to do business with UC Berkeley.

NEW SUPPLIER UPDATE EXISTING SUPPLIER NEW INDIVIDUAL REFUND SUPPLIER SUPPLIER ID _____

SUPPLIER INFORMATION

1	NAME (as registered with the IRS)		PARENT COMPANY NAME (if applicable)				
	BUSINESS NAME/DBA (if different than above)		COUNTRY (if not U.S.A.)				
	ORDER ADDRESS (number, street, and apt or suite no.)		REMITTANCE ADDRESS (number, street, and apt or suite no.)				
	CITY, STATE and POSTAL CODE		CITY, STATE and POSTAL CODE				
	ORDER PHONE NUMBER		PURCHASE ORDER EMAIL				
	PURCHASE ORDER FAX NUMBER		CONTACT NAME (Order and Remit)				
	FEDERAL TAX CLASSIFICATION (check only one)						
<input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR <input type="checkbox"/> C CORPORATION <input type="checkbox"/> S CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST/ESTATE <input type="checkbox"/> LLC – Tax classification (C=C Corporation, S=S Corporation, P=Partnership) _____ <input type="checkbox"/> OTHER _____							
TAXPAYER IDENTIFICATION NUMBER (TIN, required)			DUN & BRADSTREET NUMBER (DUNS, if applicable)				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">SOCIAL SECURITY NUMBER : : :</td> <td style="width: 10%; text-align: center; vertical-align: middle;">OR</td> <td style="width: 40%; padding: 5px;">EMPLOYER IDENTIFICATION NUMBER : :</td> </tr> </table>			SOCIAL SECURITY NUMBER : : :	OR	EMPLOYER IDENTIFICATION NUMBER : :		
SOCIAL SECURITY NUMBER : : :	OR	EMPLOYER IDENTIFICATION NUMBER : :					
DESCRIPTION OF BUSINESS OR SERVICE PROVIDING TO UC BERKELEY (required)			UNSPSC CODE (if applicable)				
<input type="checkbox"/> REIMBURSEMENT <input type="checkbox"/> HONORARIUM <input type="checkbox"/> PRIZE or AWARD <input type="checkbox"/> STIPEND <input type="checkbox"/> HUMAN SUBJECT <input type="checkbox"/> OTHER _____							

2	UC BERKELEY STAFF CONTACT NAME	UCB CONTACT PHONE	UCB CONTACT EMAIL
----------	---------------------------------------	--------------------------	--------------------------

BUSINESS TYPE / CLASSIFICATION

3	BUSINESS SIZE	OWNER GENDER	SUPPLIER CLASSIFICATION	
	<input type="checkbox"/> LARGE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> SUPPLIER	<input type="checkbox"/> ATTORNEY
	<input type="checkbox"/> SMALL	<input type="checkbox"/> MALE	<input type="checkbox"/> INDEPENDENT CONTRACTOR	<input type="checkbox"/> CONSULTANT
			<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> REFUND
	FEDERAL CERTIFICATIONS: self-certify with the <u>Federal Government</u>			
<input type="checkbox"/> SDB (Small Disadvantaged Business)		<input type="checkbox"/> VOSB (Veteran Owned Small Business)		<input type="checkbox"/> MBE (Minority Business Enterprise)
<input type="checkbox"/> Hub Zone (Historically Under-Utilized Small Business)		<input type="checkbox"/> WOSB (Women-Owned Small Business)		<input type="checkbox"/> SBE (Small Business Enterprise)
<input type="checkbox"/> ANC1 (Alaska Native Corporation not certified with SBA)		<input type="checkbox"/> HBCU/MI (Historically Black College or Minority Institution)		<input type="checkbox"/> SDVO SB (Service-Disabled Veteran-Owned Small Business)
<input type="checkbox"/> ANC2 (Alaska Native Corp not a small business)				<input type="checkbox"/> WBE (Women Business Enterprise)
STATE OF CALIFORNIA CERTIFICATIONS: self-certify on the <u>State of CA website</u>				
<input type="checkbox"/> WBE (Women Business Enterprise)		<input type="checkbox"/> SBE (Small Business Enterprise)		<input type="checkbox"/> DBE (Disadvantaged Business Enterprise)
<input type="checkbox"/> ABILITY ONE PROGRAM: (for disabled businesses)				<input type="checkbox"/> DVBE (Disabled Veteran Business Enterprise)
<input type="checkbox"/> Ability One				

CERTIFICATION – REQUIRED FOR U.S. ENTITIES AND CITIZENS

4	Under penalties of perjury, I certify that:	
	(1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen or other person (defined in the instructions). You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.	
	SIGNATURE (required for U.S. entities and citizens)	DATE
PRINTED NAME	TITLE	

Guide to Completing the Substitute W-9 and Supplier Information Form

WHO COMPLETES THE SUBSTITUTE W-9 AND SUPPLIER INFORMATION FORM?

- The supplier or authorized supplier representative completes and signs the Substitute W-9 and Supplier Information Form.

WHO SUBMITS THE FORM TO VENDORING?

- Supplier or Department can submit a completed form. If the supplier submits the form, Section 2 for UC Berkeley staff contact information must be completed.

WHERE SHOULD THE FORM BE SENT?

- The completed form should be faxed to UC Berkeley Vending .
Fax: 510-664-7209

Helpful Instructions for Completing the Substitute W-9 and Supplier Information Form

TYPE OF REQUEST?

- **NEW SUPPLIER** - New supplier providing a product or service when doing business with UC Berkeley
- **UPDATE EXISTING SUPPLIER**- Changes/updates to existing supplier information
- **NEW INDIVIDUAL**- To whom payment is due. Also used for reimbursement, honorarium or subject or research participant payment
- **REFUND SUPPLIER**- Refund due for only cash or check payment

SUPPLIER INFORMATION

- **NAME** – Name used when filing IRS taxes. Must correspond to the Social Security Number or Employer Identification Number
- **BUSINESS NAME/DBA** – Name of the company, if different from legal name
- **PARENT COMPANY NAME**– Name of the parent company, if subsidiary completing the form
- **ORDER ADDRESS** – Primary business location
- **REMITTANCE ADDRESS** – Address where payments are sent, if different from primary address
- **ORDER PHONE NUMBER** – Primary business telephone number
- **PURCHASE ORDER EMAIL** – Email address to send Purchase Orders to
- **PURCHASE ORDER FAX NUMBER** – Fax number for UCB to send Purchase Orders to
- **CONTACT** – Supplier contact name
- **FEDERAL TAX CLASSIFICATION** – Select the applicable tax classification; check only one (1) type
- **TAXPAYER IDENTIFICATION NUMBER** – The social security number or employer identification number, required
- **DUN & BRADSTREET NUMBER** – The unique 9 digit identification number assigned to your business, if applicable
- **UNSPSC CODE** – United Nations Standard Products and Services Code (www.unspsc.org) or the description of business or services providing to UC Berkeley

UC BERKELEY STAFF CONTACT INFORMATION

- **UC BERKELEY STAFF CONTACT** – Name, phone number and email address for the UC Berkeley staff contact who requested you to complete the form

BUSINESS TYPE/CLASSIFICATION

- **BUSINESS SIZE, OWNER GENDER, SUPPLIER CLASSIFICATION** – select the appropriate options
- **GOVERNMENT CLASSIFICATIONS** – select all for which the business has self-certified as defined in the System for Award Management or on the State of California Contract Registration e-Procurement website

CERTIFICATION

- Supplier or authorized payee representative must sign the Certification. Required for U.S. entities and citizens

Substitute W-9 Form Disclosures

AFFIDAVIT

The signatory of this document affirms they are authorized to represent the company. The signatory confirms that the number shown on this form is the company's correct taxpayer identification number. He or she hereby certifies under penalty of perjury under the laws of the State of California that the information provided on this document is true and correct as it pertains to company's business size and classifications as defined by the federal Small Business Administration's (SBA) business size standards and other business classifications. Any misrepresentation may prevent the company from doing business with UC Berkeley, and be subject to any other penalties allowed by law. If any of the business information on this form changes, the supplier is responsible for advising and resubmitting a form with the new information back to UC Berkeley's Procurement Services Vending Group.

PRIVACY NOTIFICATIONS

FEDERAL

Pursuant to the Federal Privacy Act of 1974 (as of 2001) protects individuals by regulating when and how local, state and federal government and their agencies can request individuals to disclose their Social Security Number (SSN) and by requiring that Social Security Numbers must be maintained as confidential by those local, state and federal government and agencies.

STATE

If any type of personal information is requested or volunteered by the user, State law, including the Information Practices Act of 1977, Government Code Section 11015.5 and the federal Privacy Act of 1974 may protect it. Information provided in this form, with the exception of a Social Security Number or federal tax identification, may be a public record and could be subject to public inspection and copying if not otherwise protected by federal or State law.

INSURANCE REQUIREMENTS

Insurance requirements are based on degree of risk rather than the dollar value of the contract, and will be reviewed with vendor prior to commencing business. Coverage must be current and in place at the time when a supplier is actively doing business with Berkeley. All insurance policies shall be subject to review and approval by the University, including submitting the firm's current certificate of insurance.

PRIVACY ACT NOTICE:

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who are required to file information returns with the IRS to report interest, dividends, and certain other income paid to you; mortgage interest you paid, the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, or Archer MSA or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply for providing false or fraudulent information.

PENALTIES:

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

ADDITIONAL INSTRUCTIONS: See IRS Form W-9, Request for Taxpayer Identification and Certification.